ANNOUNCEMENT

- Register for the Monthly Disease SurveillanceTrainings:

  1. Log-on or Request log-on ID/password: https://tiny.army.mil/r/zB8A/CME

  2. Register for Epi-Tech Surveillance Training: https://tiny.army.mil/r/Uuo8T/EpiTech

- Confirm attendance:

  – Please enter your name/service into the chat box to the left or email the Navy DRSi helpdesk at ndrs@nmcphc.med.navy.mil

  – You will receive a confirmation email within the next 48 hours with your attendance record

  – If you do not receive this email, please contact us at above email address

Case Finding – Identifying Cases For Reportable Medical Events

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NAVY AND MARINE CORPS PUBLIC HEALTH CENTER
PREVENTION AND PROTECTION START HERE

WWW.NMCPHC.MED.NAVY.MIL

Outline

- Background
- Definition and Importance of Case Finding
- Case Finding Activities

  - Know your MTF: clinics, providers, lab and resources available

  - CHCS

  - ESSENCE

  - Case Finding Records
- Resources
- Questions/Contacts

Background

- Service, DOD, civilian state and federal regulations for Reporting
- Expectation that Medical Providers report to local Preventive Medicine (PM)
- Local PM reports the case in DRSi or AFRESS
- Reality => local PM must seek out potentially reportable cases

Case Finding – Definition and Importance

- CF = the activities involved in actively seeking out potentially reportable events
- Limitations of provider reporting
  - Many providers, high turnover, constant need for education
  - May not be aware of the case if labs came back positive and no follow-up visit was scheduled by the patient
  - May not be aware that the condition is reportable
- Studies show you may miss up to 80% of your cases if you don't employ additional activities
  - No awareness = no follow-up, no contact tracing, no control measures put into place

Case Finding Activities

- Each MTF is different
  - Available resources
  - Available software/systems to help query CHCS
  - KNOW YOUR MTF capabilities: PM and Population Health and Infection Control
- Educate providers, regularly on reporting requirements
  - Teach during lunch and learn
  - Post the list of reportable events in each clinic in a visible location
  - Call your providers when you find a case they didn't report

Case Finding Activities

- MTF clinics/laboratory
  - Educate and post list of reportable events
  - Set up a PM notification process
- CHCS
  - CHCS is a tool to track clinical services
  - Coded in a legacy programming language
  - Data can be retrieved

Case Finding Activities

- CHCS
  - Some Air Force MTFs have ICDB (Integrated Clinical Database)
  - Other tools: Camp Lejeune, NMC San Diego, Tripler
  - AHLTA queries
- CHCS Ad Hocs
  - Predefined canned reports produced by CHCS
  - Use "quick keys" to access
  - Some are only available at your MTF, some are available at all MTFs

CHCS Ad Hocs

NAME: GS PREVENTIVE MEDICINE   MENU TEXT: Preventive Medicine Menu
TYPE: menu

ITEM: DG ADMISSION BY DIAGNOSIS RPT   SYNONYM: ADR
ITEM: GS STD CHLAMYDIA STUDY   SYNONYM: STDC
ITEM: GS EHRLICHIOSIS STUDY   SYNONYM: EHR
ITEM: PS PRINT SPOOLED   SYNONYM: PSR
ITEM: LRSPMLOG   SYNONYM: MLOG
ITEM: LR INFCONTROL   SYNONYM: INFC
ITEM: GS CORPSMAN ORDER ENTRY   SYNONYM: COR
ITEM: GS ICD-9 INQUIRY   SYNONYM: ICD9
ITEM: GS INFECTIOUS DISEASE BY ICD   SYNONYM: INIC
ITEM: DG DRG OUTPUT MENU   SYNONYM: DRG
ITEM: GS JCAHO REGISTER ALPHA   SYNONYM: JER

Available only at this MTF   Available to all MTFs

CHCS Ad Hocs

- Some available at all MTFs
  - The MHS maintains a library of available coded reports
  - Infection Control Report (prints out list of microbiology cultures that grew specific organisms)
- Some available at only specific MTFs
  - Local CHCS mumps programmers have developed reports for their MTFs (i.e. for a special ehrlichiosis study)
- Get to know your local Systems/IT support helpdesk
  - They are helpful in creating and updating ad hocs
  - Provide them with the list of Reportable Events
  - Smaller clinics may need to refer to parent MTF support

CHCS Ad Hocs

Latest LOG-IN DATE/TIME: 31 Dec 1999//   (31 Dec 1999)
  Within LOG-IN DATE/TIME, Sort by: CLINICAL CHEMISTRY//   CLINICAL
CHEMISTRY (multiple)
  CLINICAL CHEMISTRY SUB-FIELD: RESULT//   RESULT   (multiple)
  RESULT SUB-FIELD: TEST'@;2//   TEST
Select TEST: RAPID PLASMA REAGIN// RAPID PLASMA REAGIN RAPID
PLASMA REAGIN
Select another TEST: STOOL CULTURE// STOOL CULTURE STOOL CULTURE
Select another TEST: FTA// FTA FTA
Select another TEST: CHLAMYDIA DNA PROBE// CHLAMYDIA DNA PROBE
CHLAMYDIA DNA PROBE
Select another TEST:
  Within TEST, Sort by: CLINICAL CHEMISTRY//   CLINICAL CHEMISTRY
(multiple)
  CLINICAL CHEMISTRY SUB-FIELD: RESULT//   RESULT   (multiple)
  RESULT SUB-FIELD: RESULT["P"//
   Within RESULT["P", Sort by: CLINICAL CHEMISTRY//   CLINICAL
CHEMISTRY   (multiple)
    CLINICAL CHEMISTRY SUB-FIELD: REQUESTING LOCATION//
REQUESTING LOCATION

Case Finding Activities - ESSENCE

						Reportable Disease
Encounter Date	**PIN**	**Age**	**△ ICD**	**ICD Description**	**Clinic Type**	**MEPRS**
09/Feb/2010	013D4D3D10	24	070.54	CHRNC HPT C WO HPAT COMA	Other	BBAA
09/Feb/2010	020D68E1C2	64	097.1	LATENT SYPHILIS NOS	Primary Care	BGAL
09/Feb/2010	0060F871B9	35	099.53	OTH VD CHLM TRCH LOWR GU	Other	BCBA
08/Feb/2010	213CEB2EE5	21	037	TETANUS	Primary Care	BHAJ
08/Feb/2010	09B0FC4EE8	33	070.30	HPT B ACTE WO CM WO DLTA	Primary Care	BHAJ
08/Feb/2010	083CAC8974	31	070.30	HPT B ACTE WO CM WO DLTA	Primary Care	BGAA
08/Feb/2010	1B58A9A960	52	070.30	HPT B ACTE WO CM WO DLTA	Other	BAGA
08/Feb/2010	0E0C398A82	56	070.32	HPT B CHRN WO CM WO DLTA	Primary Care	BHAA
08/Feb/2010	0351070CC5	38	070.32	HPT B CHRN WO CM WO DLTA	Other	BAGA
08/Feb/2010	19A9ED1E43	37	070.54	CHRNC HPT C WO HPAT COMA	Primary Care	BJAI
08/Feb/2010	100FB568C7	26	070.54	CHRNC HPT C WO HPAT COMA	Other	BAGA
08/Feb/2010	05EC05C899	37	084.0	FALCIPARUM MALARIA	Other	BAQA
08/Feb/2010	2091D41C31	18	097.1	LATENT SYPHILIS NOS	Primary Care	BHAI
08/Feb/2010	10F5CF29B0	20	098.15	GC CERVICITIS (ACUTE)	Primary Care	BGAV

Case Finding Activities - ESSENCE

- Help ensure providers are reporting to you
- Focus on events that are likely truly reportable events rather than miscodes
- Often Miscoded:
  - Pulmonary Tuberculosis
  - Vaccine Preventable Diseases: anthrax, smallpox, measles
  - Rabies

Case Finding Activities - ESSENCE

- May be useful for the following events, particularly if you see multiple visits for the same patient over a week/month period
- Know the trends in your population, are these often miscoded? Pay attention to age, clinic type, PatCat, clustering trends, lab test, etc

- Malaria
- Varicella
- Measles
- Mumps

- Leishmaniasis
- Leprosy
- Leptospirosis
- Dengue Fever

- Q Fever
- Meningococcal Meningitis

Case Finding Activities – Case Finding Module

- NMCPHC receives lab results data from your MTF CHCS every day
- Methods have been established to flag lab results for 53 events that may be reportable

  – Case Finding or CF records
- Army/Navy DRSi users: these are fed into DRSi for you to be able to access via the Case Finding module
- Air Force users: fed to USAFSAM who monitors them and notifies local PM if appropriate

Case Finding Module

NDRSi :: MER Recorder Main Page

Profile   Hel

Welcome: Tracey Thomas

Instructions: To perform a MER Recorder task, click on the appropriate task link presented below.

- Enter/Edit Medical Event Report(s) by SSN
- Enter/Edit Medical Event Report(s) by Reporting Unit
- Review Deleted Medical Event Report(s)
- Review Case-Findings by Reporting Unit
- Manage STI Cases(s)

- Manage Sponsor/FMP Profile(s)
- Enter/Edit Outbreak Report(s)
- Enter/Edit VAERS Case(s)

- Click on "Review Case-Findings by Reporting Unit"

Case Finding Module

Instructions: Below is a list of potential Medical Events that may be reportable in your AOR over the past 14 days. This list can be used as a guide to assist in local case finding and response efforts, but is not meant to replace these activities.

Please only show me records from the past [14] days (30 days maximum).

Show me: [* View All ▾]

Show me records for the following UIC(s):

[00232 ▾]

[Get Case-Finding(s)]

List of Potentially Reportable Medical Event(s):

ponsor SSN	FMP	Potential Diagnosi: ▼	Date of Event ↕	MTF ▼	Classification ▼	Classification Criteria	Create MER?	Delete Case?
▓▓▓▓▓	01 - Dependent child of Sponsor	Shigellosis	1/31/2010	▓▓▓▓	Positive	positive stool culture	📘	☐
▓▓▓▓▓	30 - Spouse of Sponsor	Chlamydia	1/26/2010	▓▓▓▓	Positive	Positive lab test in a genital specimen	📘	☐
▓▓▓▓▓	01 - Dependent child of Sponsor	Chlamydia	1/26/2010	▓▓▓▓	Positive	Positive lab test in a genital specimen	📘	☐

Case Finding Activities – Case Finding Module

- CF records are classified as
  - Suspect = a Medical Event Report may be required
  - Positive = a Medical Event Report likely is required
  - THIS IS NOT AN RME CLASSIFICATION, a Suspect CF record doesn't mean it is a suspect RME case
  - Depends on the lab test result
- Records are 2-3 days old by the time you see them in the CF Module in DRSi
- Doesn't include events that do not rely on laboratory testing (i.e. heat injury)

Case Finding Activities

- There are many different methods for finding cases
- Each has its own value and limitations
- Have a process in place that maximizes your time in finding true reportable events
  - Minimize the time you spend tracking down events that turn out to not be reportable

Resources

- Armed Forces Reportable Events Guide
  - Army/Navy: http://www.afhsc.mil/viewDocument?file=TriService_CaseDefDocs/ArmedForcesGuidlinesFinal14Mar12.pdf
  - Air Force: https://gumbo2.wpafb.af.mil/epi-consult/reportableevents/documents/June09TriServGuide.pdf
  - (Note: AF will continue to use 2009 Guidelines til AFRESS updated Summer 2013)
- Printable One-Page List of Reportable Events
  - Navy: http://www.med.navy.mil/sites/nmcphc/Documents/program-and-policy-support/Reportable_Diseases_List.pdf
  - Army: Email the Disease Epidemiology Program at Disease.epidemiology@amedd.army.mil
  - Air Force: Not Available

Questions

- **Army: USAPHC – Disease Epidemiology Program**
  Aberdeen Proving Ground – MD
  Comm: (410) 436-7605   DSN: 584-7605
  Disease.epidemiology@amedd.army.mil

- **Navy: Contact your cognizant NEPMU**
  NEPMU2: COMM: (757) 950-6600; DSN: (312) 377-6600
  Email: NEPMU2NorfolkThreatAssessment@med.navy.mil
  NEPMU5: COMM: (619) 556-7070; DSN (312) 526-7070
  Email: ThreatAssessment@med.navy.mil
  NEPMU6: COMM: (808) 471-0237; DSN: (315) 471-0237
  Email: NEPMU6ThreatAssessment@med.navy.mil

- **Air Force: Contact your MAJCOM PH or USAFSAM/PHR**
  USAFSAM / PHR / Epidemiology Consult Service
  Wright-Patterson AFB, Ohio
  Comm: (937) 938-3207   DSN: 798-3207
  episervices@wpafb.af.mil